Greenwood County Assessor's Office 528 Monument St - Room 109 Greenwood SC 29646

APPLICATION FOR SPECIAL ASSESSMENT AS AGRICULTURAL REAL PROPERTY

Phone 864-942-8537

864-942-8660

Fax

Please file this application on or before the first penalty date for the tax year in which you are applying. Please read the information on both sides of this form carefully. See reverse side for filing qualifications and additional filing information. It is important that all questions on this form are answered.

Name and Mailing Address of Property Owner				Map Number		
				Tax District	Tax Year	
				Property Location	:	
				Legal Description:		
Property Owner				Social Security Number		
Property Owne	r or					
Spouse's Name				Social Security Number		
If more than tw	o owner	s, attach a separa	te sheet with above info	rmation on each owner.		
Total number o	f acres					
Timberland:	Yes	No	Number of Acres	Type of Timberland:	Volunteer Planted	
			Number of Acres			
Type of Cropland:		Cultivated Pasture Row Crop Other				
Did you have gr Is any portion o If yes, explain Did you file a fa It is unlawful for provisions of the this application agricultural rea	ross farm of the ent n: or a pers nis section, I certi	tire tract being us me tax return? son to knowingly in is guilty of a m ify the property ty as of January:	or more? Yes ed for other than agricult Yes No and willfully make a fall aisdemeanor and upon complete which is the subject of 1 of the current tax year	No Fural profit? Yes Ise statement on this approviction, must be fined received this application meets to the Assertation and the Assertation are the Assertation and the Assertation are the Assertation and the Assertation are the As	No No No Dilication. A person violating the not more than \$200. In making the requirements to qualify as essor to verify farm income with all Stabilization and Conservation	
Owner's Signat	ure			Phone#	Date	
Spouse's Signat	ure			Phone#	Date	
If agent signed	for owne	er, give relationsh	ip and mailing address: _			
Mailing this for			you have qualified for t	he Special Assessment.	If the Assessor disqualifies the	
Office Use: Ap	pr	Qualified Yes	. No Initial		Date	

Qualified Yes _____ No ____ Initial _____